claims pto

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1. (Currently Amended) In a server system capable of communicating with a payment entity, a carrier, and a client computer associated with a health care provider, a method of advancing payment for health care services rendered by the health care provider, in response to an insurance claim, and prior to the carrier making payment on the insurance claim, the method comprising the acts of:

receiving an insurance claim from a client computer, the insurance claim including patient information, insurance information, and treatment information;

determining by a server system whether the insurance claim is eligible for advance payment by determining:

whether the treatment information corresponds to health care services that are approved for payment using an accepted medical practice database, and

whether the patient is an approved beneficiary of the carrier using a patient eligibility database;

transmitting, by the server system, claim information associated with the insurance claim to the payment entity, wherein, upon receiving the claim information, the payment entity advances a first portion of an advance payment to a first account accessible to the health care provider and a second portion of the advance payment to a second account ~~money to the health care provider~~ prior to the carrier making payment on the insurance claim, wherein a remaining part of the second portion of the advance payment is credited to the first account after debiting the second portion for at least one of service fees, interest, or unpaid balances; and

transmitting the insurance claim to the carrier, wherein, upon receiving the insurance claim, the carrier makes payment on the insurance claim to the payment entity after adjudicating the insurance claim, thereby paying for the money advanced to the health care provider.

2. (Original) A method as defined in claim 1, wherein if it has been determined that the insurance claim is not eligible for advance payment, the method further comprises the acts of:

receiving from the client computer, prior to the patient being discharged by the health care provider, a revised insurance claim that includes revised treatment information; and

determining whether said revised insurance claim is eligible for advance payment.

3. (Original) A method as defined in claim 1, wherein upon receiving notice from the payment entity the remote server computer further performs the act of transmitting information to the client computer that indicates how much money is approved for advance payment of the insurance claim.

4. (Original) A method as defined in claim 1, wherein the method further comprises the act of transmitting information to the client computer indicating to the health care provider whether the insurance claim is eligible for advance payment.

5. (Original) A method as defined in claim 1, wherein upon determining that the insurance claim is eligible for advance payment, the method further comprises the act of receiving a notice from the payment entity that identifies how much money will be advanced to the health care provider.

6. (Currently Amended) In a system comprising a client computer, a remote server computer, a payment entity, a carrier, and a financial entity, a method of paying a health care provider for rendered health care services before an insurance claim for the rendered health care services can be processed by the carrier, the method comprising the acts of:

receiving, at the client computer, patient information, insurance information, and treatment information entered by a health care provider to a computer-displayable claim form displayed by the client computer;

transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client computer to the remote server computer;

determining, by the remote server computer, whether the insurance claim is eligible for advance payment, wherein the insurance claim is revised at the client computer if the insurance claim is not eligible for advance payment until the remote server computer determines that the insurance claim is in condition for advance payment; ~~and~~

~~after determining that the insurance claim is eligible for advance payment, performing the following acts:~~

transmitting claim information from the remote server computer to the carrier and to the payment entity;

determining by the payment entity how much money should be advanced for the rendered health care services and determining how that money should be distributed;

transmitting a fund distribution request from the payment entity to the financial entity prior to the carrier adjudicating the insurance claim; and

distributing, by the financial entity, credit between an ~~provider~~ operational account that is accessible to a provider and a ~~provider~~ reserve account that is not accessible to the provider, wherein a portion of the credit in the reserve account is debited at least for service fees and then a remaining part of the portion of the credit in the reserve account is credited to the operational account after the claim is adjudicated by the carrier.

7. (Original) A method as defined in claim 6, wherein the act of determining whether the insurance claim is eligible for advance payment comprises the act of determining whether the patient is a beneficiary of the carrier.

8. (Original) A method as defined in claim 7, wherein the act of determining whether the insurance claim is eligible for advance payment further comprises the act of determining whether the treatment information corresponds to health care services that are approved by the carrier.

9. (Previously Presented) A method as defined in claim 6, wherein if it has been determined that the insurance claim is not in condition to be paid, further comprising transmitting a revised insurance claim that includes at least revised patient information from the client computer to the remote server computer, prior to discharging the patient who received the health care services, to determine whether said revised insurance claim is in condition to be paid.

10. (Original) A method as defined in claim 8, further comprising the act of transmitting, from the remote server to the client computer, a suggested revised treatment code that corresponds to the health care services rendered.

11. (Original) A method as defined in claim 6, wherein the carrier performs the act of processing the insurance claim after the server computer performs the act of transmitting claim information to the carrier.

12. (Original) A method as defined in claim 11, wherein the act performed by the financial entity of distributing credit between the provider operational account and the provider reserve account occurs prior to the act performed by the carrier of processing the insurance claim.

13. (Original) A method as defined in claim 12, wherein upon completing the act of processing the insurance claim, the carrier further performs the act of making a payment to the financial entity to pay for the insurance claim.

14. (Original) A method as defined in claim 13, wherein the payment by the carrier is credited to the provider reserve account.

15. (Original) A method as defined in claim 6, wherein the credit distributed into the provider operational account is immediately accessible to the health care provider.

16. (Original) A method as defined in claim 15, wherein the credit distributed into the provider reserve account is not accessible by the health care provider, and wherein the reserve account is debited for service fees, interest payment, and to pay down any unpaid balance on credit made to the provider operational account and the provider reserve account.

17. (Original) A method as defined in claim 6, wherein explanation of payment data is provided over the Internet and is updated by at least one of either the payment entity and the financial entity.

18. (Original) A method as defined in claim 6, wherein the computer-displayable form is a hypertext markup language document.

19. (Original) A method as defined in claim 6, wherein if it has been determined that the insurance claim is eligible for advance payment, further performing the act of transmitting from the server computer to the client computer information that indicates an amount to be paid by the carrier to the health care provider, prior to discharging the patient from the offices of the health care provider.

20. (Original) A method as defined in claim 6, wherein if it has been determined that the insurance claim is eligible for advance payment, further performing the act of transmitting from the server computer to the client computer information that indicates how much of a co-payment is required of a patient, prior to discharging the patient from the offices of the health care provider.

21. (Original) A method as defined in claim 20, further comprising the act of collecting the co-payment from the patient based on the co-payment information.

22. (Currently Amended) In a client computer capable of communicating with a remote server computer that is in communication with a payment entity, a method of interactively preparing an insurance claim that is eligible for advance payment for health care services performed on a patient, the method comprising the acts of:

generating a computer-displayable claim form for display to a health care provider on a client computer;

receiving patient information, insurance information, and treatment information entered to the claim form by the health care provider at the client computer;

transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client computer to the remote server computer;

receiving information at the client computer from the remote server computer indicating to the health care provider that the insurance claim is not in allowable condition for advance payment, the information having been received in response to the remote server computer determining whether the treatment information corresponds to health care services that are approved for payment; and

revising the insurance claim by amending at least one of a diagnosis code or a treatment code; and

transmitting the revised insurance claim from the client computer to the remote server computer to determine whether said revised insurance claim is in allowable condition for advance payment, wherein the remote server computer provides said revised insurance claim to a payment entity that issues a fund distribution request to a financial entity prior to a carrier adjudicating the revised insurance claim, the fund distribution request dividing the advance payment between an operational account accessible to the health care provider and a reserve account that is not accessible to the health care provider;

wherein a portion of the advance payment in the reserve account is debited for at least one of service fees, interest, and unpaid balances and then a remaining part of the

portion of the advance payment is transferred to the operational account after the carrier adjudicates the claim corresponding to the advance payment.

23. (Previously Presented) A method as defined in claim 22, further comprising:

receiving new information from the remote server indicating that the revised insurance claim is in allowable condition; and

prior to discharging the patient, the client computer receiving from the server computer information that indicates how much money the patient should pay for a co-payment.

24. (Previously Presented) A method as defined in claim 22, wherein the treatment information includes at least [[a]] the diagnosis code and [[a]] the treatment code.

25. (Previously Presented) A method as defined in claim 23, further comprising displaying information that indicates how much money will be advanced to a provider account to pay for rendered health care services that are identified in the insurance claim.

26. (Previously Presented) A method as defined in claim 26, wherein the new information that indicates how much money will be advanced to a provider account is displayed after it is received by the client computer from the remote server computer, and wherein the remote server computer receives the information from the payment entity.

27. (Previously Presented) A method as defined in claim 26, wherein the new information that indicates how much money will be advanced to a provider account is displayed after the client computer accesses the information on the Internet, and wherein the information is generated by the payment entity.

28. In a financial entity system that is capable of communicating with a payment entity that is in communication with a server system that receives insurance claims from a health care provider, a method of advancing payment for health care services rendered by the health care provider prior to a carrier making payment on the insurance claim for the rendered health care services, the method comprising the acts of:

receiving from the payment entity a fund distribution request;

advancing money to at least one account in response to the fund distribution request, wherein at least a portion of the money advanced into the at least one account is immediately accessible to the health care provider; and subsequently

receiving payment for the insurance claim from the carrier.

29. A method as defined in claim 28, wherein the at least one account includes a reserve account and an operational account, and wherein the fund distribution request instructs the financial entity to advance a credit of funds between the reserve account and the operational account.

30. A method as defined in claim 29, wherein money in the operational account is immediately accessible to the health care provider.

31. A method as defined in claim 29, wherein money in the reserve account is debited to pay for interest on unpaid balances, to pay off unpaid balances, and to pay for service fees associated with the advanced payment.

32. A method as defined in claim 29, further comprising the act of crediting the reserve account with the payment received from the carrier.

33. A method as defined in claim 28, wherein the act of receiving payment from the carrier includes the act of receiving from the carrier an electronic fund transfer to pay for the insurance claim.

34. A method as defined in claim 28, wherein the act of receiving payment from the carrier includes the act of receiving from the carrier a check to pay for the insurance claim.

35. A method as defined in claim 28, wherein the carrier makes payment for the insurance claim after first processing the insurance claim, and wherein the carrier first processes the insurance claim upon receiving insurance claim information from the server system that is generated after the health care provider submits an insurance claim to the server system.

36. (Currently Amended) A computer program product for implementing, in a server system that communicates with a client system, a payment entity and a carrier, a method of informing a health care provider who uses the client computer whether an insurance claim for health care services rendered to a patient is approved for advance payment, the computer program product comprising: a computer-readable medium carrying computer-executable instructions for implementing the method, the computer-executable instructions comprising:

program code means for receiving an insurance claim that includes patient information, insurance information, and treatment information from the client computer, the patient information, insurance information, and treatment information having been entered to the client computer by a health care provider;

program code means for determining whether the insurance claim is eligible for advance payment, by:

determining whether the treatment information corresponds to health care services that are approved for payment, and

determining whether the patient is a beneficiary of the carrier;

program code means for initiating transmission of reply information to the client computers the reply information indicating to the health care provider whether the insurance claim is eligible for advance payment;

program code means for initiating transmission of co-payment information to the client computer that indicates how much money the client owes as a co-payment for rendered health care services;

program code means for performing, if the reply information indicates that the insurance claim is not in condition to be paid, the acts of:

receiving a revised insurance claim; and

determining whether the revised insurance claim is eligible for advance payment, wherein at least one of a diagnosis code or a treatment code included in the treatment information has been revised at the client computer; and

program code means for performing, if the reply information indicates that the insurance claim is in condition to be paid, the acts of:

transmitting claim information to the carrier for processing the claim;

transmitting claim information to the payment entity for determining how much money to advance to the health care provider and for determining how to distribute the money prior to the carrier adjudicating the insurance claim to a first account accessible to the provider and a second account that is not accessible to the provider, wherein the second account is debited for at least service fees and any remaining money in the second account is then credited to the first account when the corresponding claim is adjudicated by the carrier;

receiving financial information from the payment entity that indicates how much money will be advanced to the health care provider; and

transmitting to the client system the financial information that indicates how much money will be advanced to the health care provider.

37. (Original) A computer program product as defined in claim 36, wherein the computer-executable instructions further comprise program code means for initiating transmission of a computer-displayable claim form to the client computer, the claim form including fields for accepting the patient information, insurance information, and treatment information.

37. (Original) A computer program product as defined in claim 36, wherein the computer-executable instructions further comprise program code means for initiating transmission of a computer-displayable claim form to the client computer, the claim form including fields for accepting the patient information, insurance information, and treatment information.

38. (Original) A computer program product as defined in claim 36, wherein advance payment is payment that is received by the health care provider prior to receiving a payment from the carrier for the health care services that are the subject of the insurance claim.

39. (Original) A computer program product as defined in claim 38, wherein the advance payment is received by the health care provider prior to the carrier adjudicating the claim.

40. (New) In a server system capable of communicating with a payment entity, a carrier, and a health care provider, a method of advancing payment for health care services rendered by the health care provide, the method comprising:

receiving an insurance claim that includes patient information, insurance information , and treatment information from the provider;

determining that the insurance claim is eligible for advance payment prior to receiving payment from the carrier by:

determining that a patient is eligible for health care services;

determining if the claim includes services that are approved for payment by the carrier; and

comparing a diagnosis code and a treatment code with a compilation of accepted medical procedures to determine is the claim is eligible for advance payment; and

transmitting claim information to a payment entity for distribution of an advance payment to an operational account that is accessible to the provider and a reserve account that is not accessible to the provider, wherein a remaining amount in the reserve account is credited to the operational account after the reserve account is debited for at least one of service fees, interest, or unpaid balances owed by the provider and after the carrier makes payment for the insurance claim.